

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51								
2							52								
3							53								
4							54								
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45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	2						TOTAL IND.								
TOTAL DEP.	29						TOTAL DEP.								
TOTAL CLAIMS	31						TOTAL CLAIMS								